



1300 South Evergreen Park Drive S.W.  
P.O. Box 47250  
Olympia, WA 98504-7250  
Transportation: 360-664-1222,  
Toll-Free: 1-888-606-9566,  
Fax: 360-586-1118 or 360-586-1181

CID \_\_\_\_\_ Reception No. \_\_\_\_\_ Application No. \_\_\_\_\_  
Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Additional Permit \_\_\_\_\_  
Fitness \_\_\_\_\_ Rates \_\_\_\_\_ Schedule \_\_\_\_\_ Insurance \_\_\_\_\_

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## APPLICATION FOR BUS CERTIFICATE

Fee: \$150

Application is made to the Washington Utilities and Transportation Commission for a Certificate of Public Convenience and Necessity, as provided in Chapter 81.68 RCW.

Check Type: ☐ Original ☐ Extension

NOTE: APPLICATION MUST BE COMPLETED IN FULL.

1. Name of Applicant \_\_\_\_\_ ☐ Individual  
(Must correspond with name on insurance policy) ☐ Partnership  
☐ Corporation
2. Trade Name \_\_\_\_\_
3. Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_  
\_\_\_\_\_
- Business Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
4. (a) If applicant is a corporation, list names and stock distribution of major stockholders and the name of the state in which incorporated.
4. (b) If applicant is a partnership, list names and percentage of interest of each of the partners.
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Will an attorney be representing you at the hearing? ☐ Yes ☐ No  
If yes, list specific attorney's name \_\_\_\_\_

Phone No. \_\_\_\_\_ Address \_\_\_\_\_

6. If the Commission assigns this application for formal hearing, applicant will present approximately \_\_\_\_\_ witnesses at the hearing. Estimate how much time your presentation will take. \_\_\_\_\_

7. Describe your proposed route using state or county highway numbers, AND attach a detailed map or sketch showing the proposed route or area.

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(NOTE: This statement may be a separate attachment labeled "7".)

8. Is this an application for extension of your present route? ☐ Yes ☐ No  
If yes, attach a copy of your current certificate.

9. Attach two copies of your proposed tariff, which shows both the rates or fees to be charged for service and rules and regulations which govern how they will be assessed.

10. Attach two copies of your proposed time schedule and route, naming all service points.

11. State fully the conditions that justify the Commission granting you a certificate.

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(NOTE: This statement may be a separate attachment labeled "11".)

12. List the terminal facilities you propose to use at each of the named points on your proposed route.

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(NOTE: This statement may be a separate attachment labeled "12".)

13. You must submit, prior to issuance of a certificate to operate as an Auto Transportation Company, a "Form E" Certificate of Insurance issued by an insurance company authorized to write insurance in the state of Washington.

14. List the names and addresses of all other transportation providers currently furnishing similar service by means of motor coach, railroad or boat lines, between any of the points or along any portion of the route you propose to serve.

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(NOTE: This statement may be a separate attachment labeled "14".)

15. Complete the following financial data\*.

| Assets                           |          | Liabilities                           |          |
|----------------------------------|----------|---------------------------------------|----------|
| Cash on hand and in the bank     | \$ _____ | Salaries and Wages Payable            | \$ _____ |
| Notes Receivable .....           | _____    | Accounts Payable .....                | _____    |
| Accounts Receivable .....        | _____    | Notes Payable .....                   | _____    |
| Prepaid Expenses .....           | _____    | Contracts and Bonds Payable ...       | _____    |
| Other Current Assets .....       | _____    | Mortgages Payable .....               | _____    |
| Investments .....                | _____    | Other .....                           | _____    |
| Land and Buildings .....         | _____    | Total Liabilities .....               | _____    |
| Equipment (buses) .....          | _____    | NET WORTH                             | _____    |
| Office Furniture and Expense ... | _____    | Preferred Stock .....                 | _____    |
| Other Equipment .....            | _____    | Common Stock .....                    | _____    |
| Other Assets .....               | _____    | Retained Earnings .....               | _____    |
| Total Assets .....               | _____    | Capital .....                         | _____    |
|                                  |          | Total Liabilities and Net Worth ..... | _____    |

\*Enclose Balance Sheet and Profit and Loss Statement, if available, and label it "15".

16. Complete the following statement of equipment to be used in connection with proposed service or attach equipment list with the appropriate information.

| <u>Year and Make</u> | <u>State License Number</u> | <u>Motor or ID. No.</u> | <u>Seating Capacity</u> |
|----------------------|-----------------------------|-------------------------|-------------------------|
| _____                | _____                       | _____                   | _____                   |
| _____                | _____                       | _____                   | _____                   |
| _____                | _____                       | _____                   | _____                   |
| _____                | _____                       | _____                   | _____                   |
| _____                | _____                       | _____                   | _____                   |
| _____                | _____                       | _____                   | _____                   |
| _____                | _____                       | _____                   | _____                   |
| _____                | _____                       | _____                   | _____                   |
| _____                | _____                       | _____                   | _____                   |

(NOTE: This information may be an attachment labeled "16".)

## GENERAL

|   | Yes   | No    | N/A   |
|---|-------|-------|-------|
| 17. Do you have a copy of the laws and rules relating to auto transportation companies?                 | _____ | _____ | _____ |
| Have you been cited within the last three years by the Commission for violations of its rules and laws? | _____ | _____ | _____ |
| If yes, explain: _____  |       |       |       |
| _____   |       |       |       |
| Are you familiar with the state passenger carrier safety rules?   | _____ | _____ | _____ |
| Does management review the carrier's safety compliance status on a periodic basis?                      | _____ | _____ | _____ |

## Part 391 - QUALIFICATION OF DRIVERS

|  | Yes   | No    | N/A   |
|--|-------|-------|-------|
| Do you have written hiring policies/procedures that are being followed when hiring new drivers?  | _____ | _____ | _____ |
| Are oral interviews conducted with new drivers to verify information submitted on their applications?  | _____ | _____ | _____ |
| Do you have a system established to ensure drivers' medical certificates remain current?   | _____ | _____ | _____ |
| Do you verify that physicians completing medical certification are knowledgeable about the instructions for performing and recording driver physical examinations? | _____ | _____ | _____ |
| Do you review the results of the health history and physical examination?  | _____ | _____ | _____ |
| Do you have a system established that will ensure drivers' operating licenses remain current?  | _____ | _____ | _____ |
| Do you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?  | _____ | _____ | _____ |
| Do you comply with the road test provisions of Section 391.31?   | _____ | _____ | _____ |
| Do you maintain and produce completed driver qualification files on drivers?   | _____ | _____ | _____ |

## NOTIFICATION AND REPORTING OF ACCIDENTS

|   | Yes   | No    | N/A   |
|---|-------|-------|-------|
| Are you familiar with the Commission accident reporting rule?             | _____ | _____ | _____ |
| Do you take any action against drivers involved in preventable accidents? | _____ | _____ | _____ |

**PART 392 - DRIVING OF MOTOR VEHICLES**

|   | Yes   | No    | N/A   |
|---|-------|-------|-------|
| Do you have established procedures concerning the use of alcohol and drugs? | _____ | _____ | _____ |
| Do you have a policy for monitoring speed?                                  | _____ | _____ | _____ |

**PART 395 - HOURS OF SERVICE OF DRIVERS**

|   | Yes   | No    | N/A   |
|---|-------|-------|-------|
| Can you explain the hours of service limitations, (i.e., 10; 15; 60 in 7; 70 in 8)?           | _____ | _____ | _____ |
| Do you file records of duty status in a systematic manner?                                    | _____ | _____ | _____ |
| Are drivers required to complete recaps of their records of duty status?                      | _____ | _____ | _____ |
| Are dispatchers aware of drivers' hours of service prior to trip?                             | _____ | _____ | _____ |
| Are other independent records being compared to drivers' records of duty status for accuracy? | _____ | _____ | _____ |
| Do you have a system for recording hours of duty status on 100-mile radius drivers?           | _____ | _____ | _____ |
| Do you have a disciplinary policy for noncompliance with Part 395?                            | _____ | _____ | _____ |

**PART 396 - INSPECTION, REPAIR AND MAINTENANCE**

|   | Yes   | No    | N/A   |
|---|-------|-------|-------|
| Do you have written procedures explaining a systematic, periodic maintenance program? | _____ | _____ | _____ |
| Do you periodically review maintenance records for all equipment?                     | _____ | _____ | _____ |
| Do you comply with the vehicle inspection procedure?                                  | _____ | _____ | _____ |
| Do you train drivers to perform pre-trip inspections?                                 | _____ | _____ | _____ |
| Do you maintain the prior three months vehicle inspection reports on a vehicle?       | _____ | _____ | _____ |
| Do you maintain a complete maintenance file on all vehicles?                          | _____ | _____ | _____ |

18. The applicant understands that the filing of this application does not in itself constitute authority to operate; that he/she is familiar with the law and the rules of the Washington Utilities and Transportation Commission governing Auto Transportation Companies and promises strict compliance therewith.

Dated at \_\_\_\_\_, Washington, this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Name of Applicant)

By \_\_\_\_\_  
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct:

\_\_\_\_\_  
(Date and Place)

\_\_\_\_\_  
(Signature)